**Docket Na** MENOMENT TRANSMITTAL LETTER 1560-0398P Art Unit Application No. Filing Date Examiner 10/659,259-Conf. #3537 September 11, 2003 S. E. Conley 1744 Applicant: Mototsugu ONO Invention: STERILIZING AND DISINFECTING APPARATUS **MS Amendment Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450 Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. **CLAIMS AS AMENDED** Highest Claims Remaining Number Number Extra Claims After Previously Amendment Rate Paid Present **Total Claims** 20 Х Independent 1 0 3 х Claims Multiple Dependent Claims (check if applicable) 225.00 Other fee (please specify): Extension for response within second month TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 225.00 Large Entity x Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. in the amount of \$ A duplicate copy of this sheet is enclosed. x A check in the amount of \$ 225.00 is enclosed. Payment by credit card. Form PTO-2038 is attached. × The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed. x Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. Dated: March 17, 2006 Michael K. Mutter

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| Effective on 12/08/2004.   |           |           |              | Complete if Known   |                                 |                           |                       |               |  |
|--|-----------|-----------|--------------|---|---------------------------------|---------------------------|-----------------------|---------------|--|
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  |           |           |              |   |                                 | 10/659,259-Co             | 0/659,259-Conf. #3537 |               |  |
| FEE TRANSMITTAL  |           |           | Filing       |   |                                 |                           | September 11, 2003    |               |  |
| For FY 2005  |           |           |              |   |                                 | Mototsugu ON              |                       |               |  |
|  |           |           |              | 1.  |                                 | S. E. Conley              |                       |               |  |
| X Applicant claims small entity status. See 37 CFR 1.27  |           |           | _            | AROIN   |                                 | 1744<br>1560-0398P        |                       |               |  |
| (4) ZZO.OO / Monthly Bodiet No.  |           |           |              |   |                                 |                           |                       |               |  |
| METHOD OF PAYMENT (check all that apply)   |           |           |              |   |                                 |                           |                       |               |  |
| x Check Credit Card Money Order None Other (please identify):  |           |           |              |   |                                 |                           |                       |               |  |
| Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP                                 |           |           |              |   |                                 |                           |                       |               |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                                     |           |           |              |   |                                 |                           |                       |               |  |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee   |           |           |              |   |                                 |                           |                       |               |  |
| Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17  |           |           |              |   |                                 |                           |                       |               |  |
| FEE CALCULATION  |           |           |              |   |                                 |                           |                       |               |  |
| 1. BASIC FILING, SEARCH  |           |           |              |   | F-1/2-1-                        |                           |                       |               |  |
|  | FILIN     | IG FEES S | SEARCH<br>Sr | I FEES nail Entity  | EXAM                            | INATION FEES Small Entity | )                     |               |  |
| Application Type   | Fee (\$)  |           | (\$)         | Fee (\$)  | <u>Fee (\$</u>                  |                           | Fees F                | Paid (\$)     |  |
| Utility  | 300       | 150 50    | 00           | 250   | 200                             | 100                       |                       |               |  |
| Design   | 200       |           | 00           | 50  | 130                             | 65                        |                       | <del></del> _ |  |
| Plant  | 200       | 100 30    | 00           | 150   | 160                             | 80                        |                       |               |  |
| Reissue  | 300       |           | 00           | 250   | 600                             | 300                       |                       |               |  |
| Provisional  | 200       | 100       | 0            | 0   | 0                               | 0                         |                       |               |  |
| 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)  |           |           |              |   |                                 |                           |                       |               |  |
| Fee Description Each claim over 20 (including Reissues)  |           |           |              |   |                                 |                           | 50                    | 25            |  |
| , · · · · · · · · · · · · · · · · · · ·  |           |           |              |   |                                 |                           | 200                   | 100           |  |
|  |           |           |              |   |                                 |                           | 180                   |               |  |
|  |           |           | e Paid (\$   | Paid (\$) Multiple Done                                     |                                 |                           |                       |               |  |
| <u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee F</u> 4 - 20 = 0 x =  |           |           |              | raid (\$) Multiple Dependent Claims  Fee (\$) Fee Paid (\$) |                                 |                           |                       |               |  |
|  |           |           |              |   |                                 |                           |                       |               |  |
| Indep. Claims  |           |           |              |   |                                 |                           |                       |               |  |
| 1 -3= 0 × =  |           |           |              |   |                                 |                           |                       |               |  |
| 3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer |           |           |              |   |                                 |                           |                       |               |  |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50                      |           |           |              |   |                                 |                           |                       |               |  |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  |           |           |              |   |                                 |                           |                       |               |  |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  |           |           |              |   |                                 |                           |                       |               |  |
| - 100 = /50 (round up to a whole number) x =   |           |           |              |   |                                 |                           |                       |               |  |
| 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)   |           |           |              |   |                                 |                           |                       |               |  |
| Other (e.g., late filing surcharge): 2252 Extension for response within second month 225.00  |           |           |              |   |                                 |                           |                       |               |  |
|  |           |           |              |   |                                 |                           |                       |               |  |
| SUBMITTED BY   |           |           | 1            |   |                                 |                           |                       |               |  |
| Signature  Registration N (Attorney/Agent)   |           |           |              |   | 29,680 Telephone (703) 205-8000 |                           |                       |               |  |
| Name (Print/Type) Michael H  | K. Mutter |           |              |   |                                 | Date                      | March 17              | 7, 2006       |  |